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In re'U.S. Patent Application of	}
ATSUMORI et al.	Art Unit 3714
Application Number: 10/771,450) Examiner) Carlos, Alvin Leabres
Filed: February 5, 2004)
For: Training Assistant System)
Attorney Docket No. NITT.0184	}

Commissioner of Patents P.O. Box 1450 Alexandria, VA 22313-1450

COVER LETTER

Sir:

[x] The fee for submission of claims is calculated as shown below:

For	TOTAL WITH NEW CLAIMS ADDED	TOTAL CURRENTLY ON FILE	CLAIMS ALREADY PAID	RATE	CALCULATION
Total Claims	15	13	(Over 20)	x \$50	0
Independent Claims	1	1	(Over 3)	x \$210	0
MULTIPLE DEPENDENT CLAIM(S)				+ \$370	0
REDUCTION FOR FI	LING BY SMALL ENTITY	(note 37 C.F.R. §§ 1.9, 1.2	7, 1.28).	x ½	
			TOTA	λL	0

In addition, the below-identified communications are submitted in the above-captioned application or proceeding:

[]	Please charge my Deposit Account Number in the amount of to cover the fees for A duplicate copy of this paper is enclosed.
[x]	A check in the amount \$120.00 for the one-month extension of time fee is enclosed.
[x]	The Commissioner is hereby authorized to charge any additional fees associated with this communication, including fees under 37 C.F.R. § 1.16 and 1.17, or credit any overpayment to Deposit Account Number 08-1480 .
	Respectfully submitted,
	Stanley P. Fisher Registration Number 24,344 Juan Carlos A Marquez Registration No. 34,072

REED SMITH LLP

3110 Fairview Park Drive Suite 1400 Falls Church, Virginia 22042 (703) 641-4200 August 29, 2008

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TOTAL			0		

In addition, the below-identified communications are submitted in the above-captioned application or proceeding:

[x]	Response to Office Action (with Claim Amendments)	j	Petition for Extension of Time for 1 month Terminal Disclaimer
įį	Substitute Specification Preliminary Amendment Information Disclosure Statement	-	 Letter to Draftsperson w/ sheets of replacement drawings Request for Continued Examination

[]	Please charge my Deposit Account Number in the amount of to cover the fees for
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